Application or Docket Number													
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003													
CLAIMS AS FILED - PART I (Column 1) (Column 2)									ENTITY	OR	OTHER SMALL		
TOTAL CLAIMS			26					RATE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		-	BASIC FE	E 385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			26 minus 20=		. 6			XS 9=		OR	X\$18=	108-	
INDEPENDENT CLAIMS			minus 3 =		. 9		ļ	X43=		OR	X86=		
МU	LTIPLE DEPEN	DENT CLAIM PF	RESENT					±145=		OR	+290=		
* If the difference in column 1 is less than zeru, enter "0" in column 2						olumn 2	L	TOTAL		OR	L	878-	
3 4 MacLAIMS AS AMENDED - PART II										• •	OTHER		
	φ. υ. φ	(Column 1)		(Colu		(Column 3)	_	SMAL	ENTITY	OR 7	SMALL		
AMENDMENT A	*	CLAIMS REMAINING AFTER		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	.] ·	RATE	ADDI- TIONAL FEE	
	Total	amendment 29	Minus	2	b	= 3		XS 9≧		OR	50°ω X S18 =	150.	O
	Independent	. 2	Minus	***	3	=		X43=		OR	X86=		
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							. 145	11	1	000		1
								+145= TOT/		OR	TOTAL	150.1	000
	•	(Column 1) (Column 2) (Column 3							ε _	JOR	ADDIT. FEE	<u> </u>	10-4
AMENDMENT B		(Column 1)		HIGI	HEST	(Column 3)	ſ		ADDI-	٦ .		ADDI-	
		REMAINING AFTER AMENDMENT		PREV	IGUSLY FOR	PRESENT EXTRA		RATE	TIONAI FEE		RATE	TIONAL FEE	
	Total ·	•	Minus	**		=		XS 9=		OF	X\$18=		
	Independent	,	Minus]=		443=		OF	X86=		}
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT					CLAIM [_]				OR	+290=		
		•					į	-	AL .	OF	TOTAL		1
	Column 1) (Column 2					Совьта 3		÷ • •	:	_	20011, 1 21		
AMENDMENT C		CLAIMS REMAINING AFTER -MENDMENT		HIG NUM PREV	HEST MBER IOUSLY	PRESENT		=,478	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE	
OME.	Total		Minus	**		=		XS 9=		OF	X\$18=		
MEN	Independent	•	Minus	***		=	.	X43=		OF	X86=		7
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ł			1		1	1
	The cellule column 1 is less than the enter in column 2, write "0" in column					Diunin 3	L	-145=		OR	TOTAL		- 1
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT, FEE OR ADDIT, FEE											1	4	
"	in the "Highest Nur The "Highest Nur	imber Previously Pa nber Previously Pa	are For IN IM id For" (Total o	r Indepen	deuth is th	e highest number	fou	ind in the	appropriate	יט איט פ	column 1.		
500	1 PTO-875 (Rev. 1)						P.11.	and 7 1	pemark Office	Ų S D	EPARTMENT C	F CCMMERC	l Œ

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